

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98-453 Office of Registrar of Vital Statistics. Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 8, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary C. Bailey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, Months, Days.

Color, Charles Connery and White ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Born in Charles County, Md.

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, { Give Street and Number. }

1285 Durst Alley

Cause of Death, { First (Primary), Second (Immediate), }

Pleuro-Pneumonia

Duration of Last Sickness,

8 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, March 8th 1887

Oct. Cooke

M. D.

Undertaker, Francis Hale

Medical Attendant.

Place of Business, 115 West St

Address,

1027 Footard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Physician who attended any person in a last illness, is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 984457 Office of Registrar of Vital Statistics Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 8 1887

CERTIFICATE OF DEATH.

Date of Death,

March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Wm. Roberts

Sex, Male or Female, { Cross out the word not required in this line.

Male

Age, 30

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Single

Occupation,

Clerk

Pa

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Emphysema

Duration of Residence in the City of Baltimore,

26 years

Place of Death, { Give Street and Number.

City Hospital

Cause of Death, { First (Primary),

Heart Failure

Second (Immediate),

Duration of Last Sickness,

Not known

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

William B. Delder M. D.

Date of Burial, March 9/87

{ Undertaker, Denny & Mitchell

Medical Attendant.

{ Place of Business, 550 W. Fayette

Address,

City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

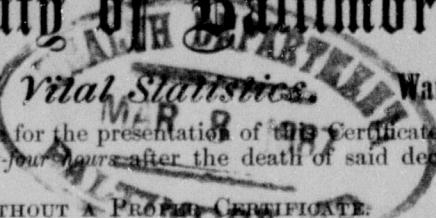
The Special Association of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98455 Office of Registrar of Vital Statistics Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Alice Dare

Sex, Male or Female, { Cross out the word not required in this line }

Age, 23 Years, Months, Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation, Washerwoman

Birth Place, { State or country, and how long in the United States, if of foreign birth } Calvert County Md.

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give Street and Number } 11 Goodman's Alley

Cause of Death, { First (Primary), Second (Immediate), } Confinement
Peritonitis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp's St. Cemt

Date of Burial, March 10 '87

Undertaker, J. Ross

John Hall M. D.

Medical Attendant.

Place of Business, Corway St. Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98456 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, March 7th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza F. Sticodemus

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 Years, 11 Months, 8 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. } 1223 Linden Ave. Phthisis Pulmonalis

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 9th 1887 H Clinton M. D.

Undertaker, Stewart & McRae

Medical Attendant.

Place of Business, 35 Park Ave. Address, 612 N. Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98457

Office of Registrar of Vital Statistics.

Ward 5 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Franklin Elmer Austin

Sex, Male or Female, { Cross out the word not required in this line. }

Male.

Age, Years,

14 Months,

Color,

White

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

192. N. Bond St "Old number"

Cause of Death, { First (Primary), Second (Immediate), }

Congestion of the Lungs
Convulsions

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, Bayridge Harford County Md

Date of Burial, March 9th 1887

{ Undertaker, Henry W. Mearns

J. J. Gandy

M. D.

Medical Attendant.

{ Place of Business, #413 E. Fayette St Address, 137 alle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98458 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. a

Date of Death,

March 8 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Minnie Ann Harvey

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, One Years, — Months, — Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

W 66 Weyeth St.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give Street and Number. }

W 66 Weyeth St

Cause of Death, { First (Primary),

Vertilium

Second (Immediate), Inf. of Brain &

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Mar. 10th / 1887

Undertaker, M. C. Coggan

Place of Business, 27 Mulberry St.

Address, Col. Columbia Funerary Co.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

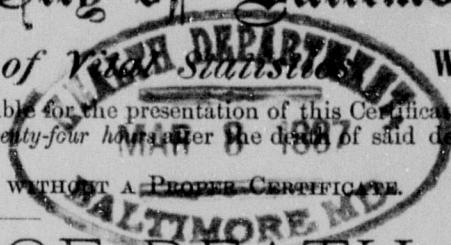
[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98459

Office of Registrar of Vital Statistics, Ward 7



The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death,

March 5, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

John Wesley Henson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, one Months, Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Harford Co. Md.

Duration of Residence in the City of Baltimore,

3 weeks

Place of Death, { Give Street and Number. }

No 722 Sterling St.

Cause of Death, { First (Primary), Asphyxia (accidental suffocation) }

Second (Immediate),

Duration of Last Sickness,

3-5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8, 1887

Alex. Hill

M. D.

Medical Attendant.

Undertaker, William D. Dugee

Place of Business, 150 East 3rd

Address, 43 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[ov]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98460 Office of Registrar of Vital Statistics. Ward 4¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

Mar. 5-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Valentine

Female

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 75 Years, — Months, — Days.

Color,

white

✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

widow

Occupation,

Factory work (at home)

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

48 years

Place of Death, { Give Street and Number. }

426 E. Lombard old end

Cause of Death, { First (Primary),

Paralysis Heart

asthma

Second (Immediate),

Duration of Last Sickness,

one week (will B continue)

All the above information should be furnished by the Physician.

Place of Burial, Greenley Cemetery

D. Stell

M. D.

Date of Burial, March 9th

Undertaker, Fred. Gacde

Place of Business, 1028 S. Caroline

Address, 403. 9. Estes

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98461 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C

Date of Death,

March 7

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry Day Dallam

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59 Years, Months.

Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Judge

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Harford Co.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

Eutau near Biddle St.

Cause of Death, { First (Primary). }

Bright's disease

Second (Immediate),

Armenia

Duration of Last Sickness,

Several Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

J. M. Wilson

M. D.

Date of Burial, March 9th 1887

Medical Attendant.

{ Undertaker, H. W. Jenkins & Sons }

{ Place of Business, Park & Saratoga }

Address, 1008 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

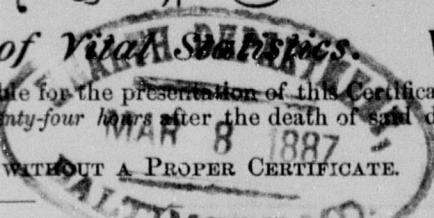
Permit No. 98462

Office of Registrar of Vital Statistics.

Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 6th March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Emery

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 69 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Marine

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maine

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } 204 1/2 E. Lombard

Cause of Death, { First (Primary), Bright's disease, Second (Immediate), Insanity }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9th 1887

Undertaker, H. A. Daige Atty

Place of Business, 229 S. Broadway

C. P. Brown

M. D.

Medical Attendant.

Address, 1835 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]